

State Of New Hampshire - Annual Report to the Bank Commissioner

As of December 31, 200__

Institution: _____

Address: _____

Tel. No. _____ Fax No. _____

E-mail Address (for public use) _____

Website Address _____

Branches (full address, tel. no.) Include out-of-state and international branches. Do not include remote service units or cash dispensing machines. List alphabetically by town.

Branches closed during the year (full address and date closed). List alphabetically by town.

Officers, SVP and above (full name and title)

Directors/Trustees (full name, and committees serving on, Audit, Investment, Trust, e.g.)

Chair:	

Subsidiaries/CUSOs: _____

Holding company affiliation: _____

Surety Coverage:	Primary \$ _____	Excess \$ _____
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The information detailed on this form is correct to the best of my knowledge as of December 31, 200__.

Signature and Title of Authorized Officer: _____

Date signed: _____